

MONTANA BOARD OF NURSING
P. O. Box 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406) 841-2397 or 841-2345 FAX (406) 841-2305
E-MAIL: dlibsdnur@mt.gov WEBSITE: www.nurse.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 10 days for processing from the date that the Board has a complete routine application.)

NURSES ARE NOT PERMITTED TO PRACTICE MEDICINE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE

LICENSURE BY ENDORSEMENT REQUIREMENTS

U.S. NURSING SCHOOL GRADUATES:

- Applicants shall have completed all educational requirements of the program. [37-8-405 and 37-8-415 MCA].
- A valid Social Security Number is required to submit a completed application. Applications will not be accepted without a valid Social Security Number.
- A passing score on the appropriate NCLEX examination or State Board Test Pool Examination shall be required for licensure as a professional or practical nurse. [ARM 8.32.405 (1)(e)]
- **Verification of licensure** is required from: (States that participate with NURSIS do not need a verification form sent to that state.)
 - Your original state of licensure, **and**
 - All states/jurisdictions where you have been licensed in with the preceding 2 (two) years.

If you have been licensed in Alaska, Arizona, Arkansas, Colorado, Delaware, Florida, Idaho, Iowa, Indiana, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia-PN, or Wisconsin you will need to complete the NURSIS form for verification on line or send it to National Council for State Boards of Nursing (address on the form). **Contact NURSIS at: www.nursis.com or 1-866-819-1700.**

FOREIGN NURSING SCHOOL GRADUATES:

- Applicants shall have completed all educational requirements of the program and all credentials shall be received in the Board office prior to being approved for licensure. The transcripts need to be sent directly from your nursing school to the Board office. [37-8-405 MCA]
- A valid Social Security Number is required to submit a completed application. Applications will not be accepted without a valid Social Security Number. Please provide a copy of your Social Security card with your application.
- CGFNS (Commission on Graduates of Foreign Nursing Schools) screening examination certificate. We will need the CES (Credentialing Evaluation Service for Health Care Professional Science course by course report). CGFNS can be contacted at www.cgfns.com ,

or: 3600 Market Street, Suite 400 Philadelphia, PA 19104-2651 USA Applicant Inquiries: (215) 349-8767 E-mail: info@cgfns.org

- **Verification of licensure** is required from: (States that participate with NURSUS do not need a verification form sent to that state.)
 - Your original state of licensure, **and**
 - All states where you have been licensed in with the preceding 2 (two) years, **and**
 - Verification of licensure from your country.

If you have been licensed in Alaska, Arizona, Arkansas, Colorado, Delaware, Florida, Idaho, Iowa, Indiana, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia-PN, or Wisconsin you will need to complete the NURSUS form for verification on line or send it to National Council for State Boards of Nursing (address on the form). **Contact NURSUS at:** www.nursus.com or 1-866-819-1700.

- **For foreign LPN applicants only**, please also provide TOEFL (Test of English as a Foreign Language) scores. TOEFL can be contacted at: P.O. Box 6181 Princeton, NJ 08541-6451 Phone: 1-800-468-6335 Website: www.ets.org/toefl Please use code number **8742** for the score recipient so we receive an official copy from TOEFL.
- **For those RN/LPN graduates who have attended schooling in Australia, Canada (except Quebec), Ireland, New Zealand, Tobago, Trinidad, or the United Kingdom**, please provide only the following with your completed licensure by endorsement application:
 - Copy of your social security card.
 - **Verification of licensure** is required from: (Please see the NURSUS information above.)
 - Your original state of licensure, **and**
 - All states where you have been licensed in with the preceding 2 (two) years, **and**
 - Verification of licensure from your country.
 - All Canadian nurses are required to provide proof of successful completion of CNAT's exam.
 - A passing score on the appropriate NCLEX examination or State Board Test Pool shall be required for licensure as a professional or practical nurse.
-

NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS.

FEES \$ 200.00 – Endorsement Application Fee

****Can be paid by check, money order, VISA/MasterCard or e-check. Make check or money order payable to the Montana Board of Nursing****

The Board retains the application fee if your application is withdrawn or denied. The fee must be included with the application to ensure processing.

PHOTOS Attach one photo to the application. Passport size is preferable.

APPLICATION PROCEDURES

- ♦ When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required.
- ♦ If the completed application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the

application may require Board consideration. Non-routine applications may take up to 120 days to process.

- ◆ All verifications of licensure must be sent directly from each state Board and/or country (if that state does not participate with the NURSUS license verification database) in which the applicant was originally licensed or has held a current license in the past two years. NURSUS can be contacted at www.nursus.com. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications. Contact each state Board prior to sending the request.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status, and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.
- ◆ **Faxed copies** of the application, verification(s), or transcripts will **NOT** be accepted. We must have the original documents sent directly to our office.

PROCESSING PROCEDURES

- ◆ Once a routine application is complete, the application takes up to 10 days to process from the time all necessary information is received in the Board office.
- ◆ The applicant will be notified in writing or by email of any deficient or missing items from the application file.
- ◆ Once a completed routine application is processed and approved a permanent license will be issued.

OTHER IMPORTANT POINTS

Non-Routine Applications

Non-routine applications include those who have had previous or current licensure discipline or indicate previous or current applicable legal actions. It is critical to your initial and continuing licensure to be completely forthright regarding each question on the application. You must submit the copies of the court / Board documents and findings.

**ALL LICENSES EXPIRE ON 12/31 OF EVEN YEARS REGARDLESS OF THE YEAR OF ISSUANCE.
RENEWAL NOTICES ARE MAILED IN OCTOBER OF EVEN YEARS.
PLEASE READ YOUR PERMANENT LICENSES CLOSELY
FOR DATES AND ACCURACY OF INFORMATION!**

MANDATORY LICENSURE: According to Section 37-8-101 MCA Purpose. **To safeguard life and health, a person practicing or offering to practice professional nursing or practical nursing in this state shall be required to submit evidence that the person is qualified to practice and is licensed by the Board.**

For information with regard to the processing of this application or other concerns please contact the Board of Nursing staff at 406-841-2397 for endorsement applications, or 406-841-2345 for examination application, or email us at dlibsdnur@mt.gov.

**PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF NURSING
OUR WEBSITE: www.nurse.mt.gov**

MONTANA BOARD OF NURSING
(301 SOUTH PARK, 4TH FLOOR - Delivery)
P. O. Box 200513
Helena, Montana 59620-0513
(406) 841- 2397 or 841-2345 FAX (406) 841-2305
E-MAIL: dlibsdnur@mt.gov WEBSITE: www.nurse.mt.gov

AFFIX PHOTO
HERE
PASSPORT SIZE

Application for Licensure by Endorsement as:

☐ **Registered Nurse** ☐ **Practical Nurse**

Allow 10 days from the date the Board has a complete routine application file for licensure.

PLEASE PRINT OR TYPE.

1. FULL NAME: _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

PREFERRED MAILING ADDRESS ☐ Business ☐ Home E-MAIL ADDRESS _____

6. TELEPHONE (_____) (_____) (_____)
Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____
City/State ☐ MALE ☐ FEMALE

9. LICENSE NAME _____
(State your name as it should appear on the license if granted.)

10. Which exam did you take for initial licensure? ☐ NCLEX ☐ State Exam (indicate which state) _____

11. If you are a foreign nursing graduate, have you satisfied the requirements of the commission on graduates of Foreign Nursing? (COGN) ☐ N/A ☐ Yes ☐ No

12. Do you intend to practice in the State of Montana? ☐ Yes ☐ No

13. Have you ever previously applied for a license to practice in Montana? If yes, give date, and results. ☐ Yes ☐ No

14. Have you ever been denied licensure or the opportunity to take this profession's licensing examination in any state or country? If yes, attach an official document. ☐ Yes ☐ No

15. Have you ever withdrawn an application for nursing licensure? If yes, please give the state and reasons for withdrawal. _____ ☐ Yes ☐ No

16. List all professional licenses you hold or have held in the past two years. Verification must be sent directly to Montana from each state/province/territory/country. (If you need to list additional information, please use a separate sheet of paper and include this with your application.)

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

17. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements. ☐ Yes ☐ No
18. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint; during an investigation or during disciplinary proceedings? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. ☐ Yes ☐ No
19. Has a complaint ever been made against you alleging unethical behavior, standard of care issues or unprofessional conduct? If yes, attach a detailed explanation. ☐ Yes ☐ No
20. Have you voluntarily or involuntarily surrendered any hospital privileges, health maintenance organization participation, Medicare/Medicaid privileges, or other privileges during a pending investigation, or in anticipation of an investigation, or had such privileges reprimanded, denied, restricted, suspended, placed on probation, revoked or subjected to other sanction or action? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. ☐ Yes ☐ No
21. Has any legal or disciplinary action been filed against you, which relates to your propriety of, or your fitness to practice this profession (including malpractice, etc.)? If yes attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. ☐ Yes ☐ No
22. Have you ever voluntarily or involuntarily surrendered the privilege to prescribe or dispense any drug, including but not limited to controlled substances, or had such privileges investigated, denied, restricted, suspended, revoked or otherwise modified by any governmental agency, including but not limited to the Drug Enforcement Administration, any state licensing or disciplinary court or other entity? If yes, attach a detailed explanation. ☐ Yes ☐ No
23. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No
24. Do you have criminal charges pending or have ever plead guilty, forfeited bond, or been convicted of a crime (including plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines of less than \$100 and (2) charges or convictions prior to your 16th birthday. If yes, please attach a detailed explanation. ☐ Yes ☐ No
25. Have you any physical or mental condition which may have or has adversely affected your ability to practice this profession, including but not limited to a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation and include copies of the charging documents and the final disposition. ☐ Yes ☐ No
26. Have you used alcohol or any other mood-altering substance in a manner which may have or has adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No

27. PROFESSIONAL EDUCATION:

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Nursing.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, _____ at

City/State

Signature of Notary Public

SEAL

Notary Public Printed Name

For the State of

My commission expires _____, _____.

VERIFICATION OF LICENSURE
(THIS IS NOT AN ENDORSEMENT CERTIFICATION)

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

I am applying for a license to practice Nursing in the State of Montana and the Nursing Board requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF Nursing, 301 SOUTH PARK, 4TH FLOOR, P. O. BOX 200513, HELENA, MT 59620-0513.** Your early response is appreciated.

Signature of Applicant Name: _____ (Please print)

Address: _____

My License Number is: _____ State Board: _____ License Type: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF NURSING

LICENSE INFORMATION

Jurisdiction	License type	License Number	Date of licensure	Expiration date	License Status	Basis of Licensure	Date of Initial Licensure

EDUCATION INFORMATION

School Name	Graduation date	Program Code	Degree	City	State

EXAM INFORMATION

Exam Date	Exam Type	Expiration	Attempt #

Has license been suspended, revoked, placed on probation or otherwise disciplined? _____

If YES, explain and attach documentation. _____

Has licensee ever been requested to appear before your Board? _____

If YES, explain _____

Derogatory information, if any _____

Comments, if any _____

Signed: _____

Title: _____

BOARD SEAL

State Board: _____

Date: _____

